Property Management www.SuttonMaxRealty.com Tel: 604-227-3399 Fax: 604-398-2005 info@suttonmaxrealty.com

Sutton Max Realty &



RENTAL APPLICATION

*MUST FILL

Date:				House Ref.:	
* Rental Property:			Rent:	/month	
* Applicant Name:		*Birth Date:	S.I.N.	.:	
* Expected Move-In Date:		Expected Length of Tena	ncy:		
*Current Address:				*Province:	
Postal Code:	[] Tel:				
*Email:					
*Reasons of Moving:		*Rent Since:		*Rent:	
*Current Landlord's Name:			*Tel:		
Previous Address:		From:		То:	
Reasons of Moving:				Rent:	
Previous Landlord:				Tel:	
Car Plate No.:	Model of Vehicle:				
*Employer:		*Name of Supervisor:			
*Address:				*Tel:	
*Job Position:		* Work Since:		*Income:	
Co-Applicant Name:		Birth Date:	S.I.N.:		
Address:			Tel:		
Email:					
Employer:		Name of Supervisor:			
Tel:					
Address:					
Job Position:		Work Since:		Income:	
Name of persons sharing the premises:		*Smoking will not be	*Smoking will not be allowed*		
(1)	Age:	(4)		Age:	
(2)	Age:	(5)		Age:	
(3)	Age:	(6)		Age:	
Pet information (if any):	Size:				
Emergency Contact:				Tel:	
Applicants' Notes:					
Personal Reference: (1)				Tel:	
(2)				Tel:	
CONSENT: I hereby authorize t	he person or firm to whom this applicat	tion is submitted to obtain such credit report	s or other in	formation as may be	
		ce of a credit account or for any other direct			
consent is given pursuant to Chap	oter 78, Section 12 of the Credit Reporti	ng Act. in B.C. I understand that if I am not co	ontacted with	in the next 3 days,	
my application is not accepted.					
Date:	Applicant Signature:				
OFFICE USE ONLY:					